

CITY OF TIGARD, OREGON

MUNICIPAL COURT YOUTH PROGRAM

Community Service Referral



Name of Youth_____ Telephone No._____

Age_____ Address_____ City/Zip_____

Number of Community Service Hours_____ Date to be completed_____

TO THE WORKSITE: It is the responsibility of the Community Service Worker to contact you, set up a work schedule, notify you ahead of time if he or she cannot work for any reason, and to complete the work by the specified deadline. Please call me if you have any questions or problems. Thank You. Nadine Robinson, City of Tigard, 503-639-4171.

This section to be completed by the worksite

AGENCY NAME_____

HOURS COMPLETED_____ DATE CS COMPLETED OR DISCONTINUED_____

TYPE OF WORK PERFORMED_____

EVALUATION OF WORKER:

	Poor			Excellent	
Dependability	1	2	3	4	5
Attitude	1	2	3	4	5
Participation	1	2	3	4	5
Quality of Work	1	2	3	4	5

OPTIONAL COMMENTS_____

WORKSITE SUPERVISOR_____ DATE_____

PHONE NUMBER_____

Thank you for participating in the community service program. Please return this form to the Tigard Municipal Court. (For your convenience a time sheet is provided on the back of this form.)
Tigard Municipal Court's mailing address is 13125 SW Hall Blvd, Tigard, OR 97223.

TIGARD MUNICIPAL COURT YOUTH PROGRAM
Community Service Time Sheet

TO THE WORKSITE:

This time sheet is included for your convenience. Please feel free to use another system if it better suits your needs.

Date	Start Time	Finish Time	Daily Total	Signature of supervisor

Thank you for participating in the community service program. Please let us know if you have any suggestions on how this program can be improved.

Please return this form to:

**Tigard Municipal Court
13125 SW Hall Blvd
Tigard, OR 97223**